

**Application Data Sheet****Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

YES

Computer Readable Form (CRF)?::

YES

Number of copies of CRF::

1

Title::

DIAGNOSTICS AND THERAPEUTICS FOR  
DISEASES ASSOCIATED WITH KALLIKREIN 2  
(KLK2)

Attorney Docket Number::

004974.01205

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

0

Total Drawing Sheets::

2

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Stefan  
Middle Name::  
Family Name:: GOLZ  
Name Suffix::  
City of Residence:: Essen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Buckmannsmuhle 46  
City of mailing address:: Essen  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Ulf  
Middle Name::  
Family Name:: BRÜGGEMEIER  
Name Suffix::  
City of Residence:: Leichlingen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Leysiefen 20  
City of mailing address:: Leichlingen

State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Andreas  
Middle Name::  
Family Name:: GEERTS  
Name Suffix::  
City of Residence:: Wuppertal  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Schuckertstr 29  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Holger  
Middle Name::  
Family Name:: SUMMER  
Name Suffix::  
City of Residence:: Wuppertal  
State or Province of Residence::

Country of Residence:: DE  
 Street of mailing address:: Katernberger Schulweg 3  
 City of mailing address:: Wuppertal  
 State or Province of mailing address::  
 Country of mailing address:: DE  
 Postal or Zip Code of mailing address:: 42113

**Correspondence Information**

Correspondence Customer Number:: 22907

**Representative Information**

Representative Customer Number:: 22907

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2005/000342	15 January 2005

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	04001737.8	28 January 2004	YES

**Assignee Information**

Assignee name::	BAYER HEALTHCARE AG
Street of mailing address::	
City of mailing address::	Leverkusen
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-51368